MONTANA STATE HOSPITAL
POLICY AND PROCEDURE

PEDICULOSIS / SCABIES

Effective Date: September 5, 2014 **Policy #:** IC-18

I. PURPOSE: To promptly diagnose and treat a patient who presents with pediculosis and scabies.

II. POLICY: To prevent, evaluate, and treat pediculosis (lice) or scabies infestations of patients and employees. Treatment can only be administered after an evaluation by nursing/medical staff.

III. DEFINITIONS:

A. Pediculosis - Infestation with blood-sucking lice. *Pediculosis capitis* is infestation of the scalp with lice. *Pediculosis corporis* is infestation of the skin of the body with lice. *Pediculosis palpebrarum* is infestation of the eyelids and eyelashes with lice. Pthirus pubis (formerly called *pediculosis pubis*) is infestation of the pubic hair region with lice.

1. Pediculosis Capitis/Head Lice – Head Lice are not known to transmit any disease and therefore are not considered a health hazard;however, secondary bacterial infection of the skin resulting from scratching can occur with any lice infestation.

2. Pediculosis corporis/Body Lice – Intense itching (pruritus) and rash caused by an allergic reaction to louse bites are common symptoms of body lice infestation. As with other lice infestations, intense itching leads to scratching which can cause sores and secondary bacterial infection of the skin.

   When body lice infestation is long lasting, heavily bitten areas of the skin can become thickened and darkened, particularly in the mid-section of the body. This condition is called "vagabond's disease."

   Body lice are known to transmit disease (epidemic typhus, trench fever, and epidemic relapsing fever).

3. Pthirus pubis/Crab Lice Pubic ("crab") lice are not known to transmit any disease. Itching ("pruritus") in the pubic and groin area is the most common symptom of pubic lice infestation. As with other lice infestations, intense itching leads to scratching which can cause sores and secondary bacterial infection of the skin.

Visible lice eggs ("nits") or lice crawling or attached to pubic hair, or less commonly other hairy areas of the body (eyelashes, eyebrows, beard, mustache, armpits, chest, back) are other signs of pubic lice infestation.

Persons infested with pubic lice should be evaluated for other sexually transmitted diseases (STDs).

B. Scabies - Human scabies is caused by an infestation of the skin by the human itch mite (*Sarcoptes scabiei* var. *hominis*). The microscopic scabies mite burrows into the upper layer of the skin where it lives and lays its eggs. The most common symptoms of scabies are intense itching and a pimple-like skin rash. The scabies mite usually is spread by direct, prolonged, skin-to-skin contact with a person who has scabies.

IV. RESPONSIBILITIES:

A. Medical Clinic Licensed Independent Practitioners (LIPs) are responsible for approving routine orders for pediculosis and scabies.

B. The LIP is responsible for confirming the diagnosis and ordering appropriate treatment for pediculosis and scabies.

C. Licensed nursing staff are responsible for assessing patients for pediculosis and scabies and completed treatment as ordered.

V. PROCEDURE:

If a patient is suspected to be infested with any form of pediculosis/scabies, examination of the patient will be conducted without delay by the medical/nursing staff. The medical/nursing staff must verify the infestation before treatment can be initiated.

If a patient is positively identified as being infected with pediculosis/scabies, the following steps need to be instituted:

A. The Licensed Independent Practitioner (LIP) orders the appropriate treatment or instructs the nurse to use the routine treatment.

B. If the nurse makes the identification of the infested patient and the LIP is not available, the nurse may use routine orders for treatment.

C. The patient will be isolated for contact precautions in a private room.

D. The patient will be given clear instructions on proper use of the medication. There should be nursing supervision of the treatment procedure to ensure it is completed correctly, with assistance as needed.

1. Re-evaluate treatment effectiveness in 8-12 hours, if a few lice are still found but are moving more slowly than before, do not retreat. The medicine may take longer to kill all of the lice. Comb dead and any remaining live lice out of the hair using a fine-toothed nit comb.

2. If, after 8-12 hours of treatment, no dead lice are found and the lice seem as active as before, the medicine may not be working. Do not retreat, contact the Med Clinic LIP.
3. After each treatment, checking the hair and combing with a nit comb to remove nits and lice every 2-3 days may decrease the chance of self-reinfestation. Continue to check for 2-3 weeks to be sure all lice and nits are gone.

E. If nursing staff assists the patient, they must wear personal protective equipment, including but not limited to gown, gloves, and head coverings. The personal protective equipment used should be removed before leaving the patient areas, placed in a red bag, sealed and disposed of in the biohazard waste.

Environmental cleanup and application of the medication should be combined with the cleaning of recently worn clothing, bedding, furniture, combs, and headgear. The patient should be involved in the environmental clean up as much as physically possible, as long as it does not interfere with the patient's treatment program.

Contaminated laundry and personal items must be sent to the laundry per MSH policy # IC-07, Infection Control - Care of Contaminated Articles of Clothing and Linen.

The bathroom where the application of the medication occurred is immediately cleaned following treatment. Cleaning should include washing down the room with hospital strength disinfectant and rinsing with hot water.

The floors, chairs, couches, and any other vacuumable surfaces contacted by the infested patient are thoroughly vacuumed by housekeeping/nursing staff or washed with hospital strength disinfectant and hot water.

The nursing staff will explain to the patient that after effective treatment, the patient may experience persistent pruritus (itching), and that this is not a sign of treatment failure.

The nursing staff will document on the patient's chart all procedures completed with the patient concerning the identification and treatment of the pediculosis/scabies, along with documentation on the Medication Administration Record (MAR) of the medication used for treatment.

VI. REFERENCES: CDC, Control of Communicable Disease Manual; MSH policy #IC-03, *Exposure Control Plan*; MSH policy #IC-11, *Guidelines for Isolation Precautions Policy*; MSH policy #IC-07, *Infection Control - Care of Contaminated Articles of Clothing and Linen*.

VII. COLLABORATED WITH: Infection Control Coordinating Group, Medical Clinic, Medical Director

VIII. RESCISSIONS: #IC-18, *Pediculosis/Scabies* effective date February 19, 2010.

IX. DISTRIBUTION: All hospital policy manuals and exposure control plan manuals.

X. ANNUAL REVIEW AND AUTHORIZATION: This policy is subject to annual review and authorization for use by either the Administrator or the Medical Director with written documentation of the review (Attachment B) per M.C.A. § 307-106-330.

XI. FOLLOW-UP RESPONSIBILITY: Infection Preventionist

XII. ATTACHMENTS: None

_____/___/__	_____/___/__
John Glueckert Date	Thomas Gray, MD Date
Hospital Administrator	Medical Director